03935

MARYLAND 3938

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 281

M

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood X
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X California
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Blanche (Last) Alexander

4. DATE OF DEATH (Month) April (Day) 20 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 26-1869
9. AGE last birthday 85 yrs. If under 1 year Months 2 Days 26 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pa Beaver
12. CITIZEN OF WHAT COUNTRY? W. Va.

13. FATHER'S NAME Robert F. Craighead
14. MOTHER'S MAIDEN NAME Annastia Frew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) 9
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Griffith Alexander California Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

156.1

Immediate cause (a) Carcinoma of Liver — 8 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General arteriosclerosis — 6 years

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to April 20, 1954, that I last saw the deceased alive on April 20, 1954, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE P. Bean MD (Degree or title) ADDRESS Great Mills Md DATE SIGNED April 23/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4-23-54
NAME OF CEMETERY OR CREMATORY Ebenezer
LOCATION (City, town, or county) near Great Mills (State) Md

DATE REC'D BY LOCAL REG. April 23/54
REGISTRAR'S SIGNATURE P. Bean MD Local Registrar
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Maryland

RECEIVED
APR 26 1954
BUREAU V. S.

03936

MARYLAND

STATE DEPARTMETT OF HEALTH

3939

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown X
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morganza X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Infant Ashton

4. DATE OF DEATH (Month) (Day) (Year) April 16 1954

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH April 13-54
9. AGE last birthday — yrs. If under 1 year Months — Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Edward Ashton
14. MOTHER'S MAIDEN NAME Mary Elizabetha Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —
16. SOCIAL SECURITY No. 214-30-2446
17. INFORMANT AND ADDRESS James Edw. Ashton Morganza Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

760.5

Immediate cause (a) Intracranial hemorrhage?

Antecedent cause(s) Prematurity - birthweight 3 lbs 7 oz

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14, 1954, to 4/16/54, 19..., that I last saw the deceased alive on 4/16/54, 19..., and that death occurred at 3:15 a.m., from the causes and on the date stated above.

SIGNATURE J Roy Luy Chr, MD (Degree or title) ADDRESS Mechanicsville Md DATE SIGNED 4/16/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 16 54
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) (State) Morganza Md

DATE REC'D BY LOCAL REG. 4/16/54
REGISTRAR'S SIGNATURE Alan D. Hause
24. FUNERAL DIRECTOR Jos C. Whitmiley ADDRESS Leonardtown Md

2144224252

RECEIVED
APR 20 1954
BUREAU V. S.

April 13 03937

MARYLAND STATE DEPARTMETT OF HEALTH

3940 CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown X LENGTH OF STAY (in this place) 17 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morganza X Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Anita (Middle) Elaine (Last) Ashton #2			4. DATE OF DEATH (Month) 4 (Day) 30 (Year) 1954		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 4-13-54	9. AGE last birthday yrs.	If under 1 year Months. Days 13 / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland St Mary's		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Edward Ashton			14. MOTHER'S MAIDEN NAME Mary Elizabeth Reed		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mrs James Edw Ashton		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

763.5

Immediate cause (a) Bronchopneumonia — 2 d.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity - birth wgt 3-6 oz

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/13, 1954 to 4/30, 1954, that I last saw the deceased alive on 4/30, 1954, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Roy Guyther, (Degree or title) MD ADDRESS Mechanicsville DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 5-1-54	NAME OF CEMETERY OR CREMATORY St Joseph	LOCATION (City, town, or county) Morganza	(State) Md
DATE REC'D BY LOCAL REG. 5/3/54	REGISTRAR'S SIGNATURE Alan D. Hauser	24. FUNERAL DIRECTOR Jos C. Mattingly	ADDRESS Leonardtown Md	

2144225251

MARGIN RESERVED FOR BINDING

M C I

RECEIVED
MAY 5 1954
BUREAU V. S.

03938

MARYLAND STATE DEPARTMENT OF HEALTH

3941 **CERTIFICATE OF DEATH**

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY St. Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River | LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wisconsin COUNTY Milwaukee
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Milwaukee
STREET ADDRESS (If rural give location) 1511 N 35th Street ✓

3. NAME OF DECEASED (Type or Print): (First) William (Middle) H. (Last) Beth
4. DATE OF DEATH: (Month) 4 (Day) 21 (Year) 19 54
5. SEX: make
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 1-13-94
9. AGE last birthday: 60 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brakeman
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Green Bay, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Henry Beth
14. MOTHER'S MAIDEN NAME: Margaret Mae McCormick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If yes, give war or dates of service) WW 1
16. SOCIAL SECURITY NO.
17. INFORMANT: Margaret Beth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 450.0 — 5 mo.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY none | (CITY OR TOWN) — | (COUNTY) — | (STATE) —

TIME (Month) (Day) (Year) (Hour) OF INJURY none m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Alan D. Hansen (Degree or title) M.D. ADDRESS Leonardtown, Md. DATE SIGNED 4/21/54

23. BURIAL, CREMATION REMOVAL (Specify) Transportation | DATE THEREOF 4-22-54 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Milwaukee (State) Wisconsin

DATE REC'D BY LOCAL REG. 4-22-54 | REGISTRAR'S SIGNATURE Alan D. Hansen, M.D.

24. FUNERAL DIRECTOR P. B. Robinson ADDRESS Leonardtown, Maryland

RECEIVED
APR 28 1954
BUREAU V. S.

03939

3942

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-86

1. PLACE OF DEATH · COUNTY St. Mary's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE md COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Palmers X LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Palmers md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) James	(Middle) Harold	(Last) Bond	4. DATE OF DEATH (Month) 4	(Day) 4	(Year) 1954
5. SEX m	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 2-28-56	9. AGE last birthday 58 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (State or foreign country) md.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME James Harold Bond		14. MOTHER'S MAIDEN NAME Cora Maddox			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes. (If yes, give war or dates of service) w.w. 1	16. SOCIAL SECURITY NO.	17. INFORMANT Vickery Bond			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

501X

Immediate cause (a) acute pleurisy

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchitis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-2-, 1954, to 4-4-, 1954, that I last saw the deceased alive on 4-3-, 1954, and that death occurred at 4 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert V. Palmer	md	Armstrong	4-5-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 4-5-54	NAME OF CEMETERY OR CREMATORY Bushwood Heart	LOCATION (City, town, or county) Bushwood	(State) md
DATE REC'D BY LOCAL REG. 4-5-54	REGISTRAR'S SIGNATURE Robert V. Palmer	24. FUNERAL DIRECTOR Joseph C. Mattingly	ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03940

3943

CERTIFICATE OF DEATH

Reg. Dist. No. 581

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Patuxent River X
LENGTH OF STAY (in this place) 3 Hrs. 21 Mins.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, USNAS, Patuxent River, Maryland X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lexington Park X
STREET ADDRESS (If rural give location) 96 Chinlee Drive

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Hartley (Last) Bonney, Jr..
4. DATE OF DEATH: (Month) April (Day) 4 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 4, 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 3 Min. 21

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Bonney, James Hartley
14. MOTHER'S MAIDEN NAME: Constance MayHoward

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No 4 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Infirmary, USNAS; Patuxent River, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.0

Immediate cause (a) Premature Separation of placenta

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 3 Hr. 21 M.

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No X

21. ACCIDENT SUICIDE HOMICIDE (Specify) Natural
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 19 54, to April 4, 1954, that I last saw the deceased alive on April 4, 19 54, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

SIGNATURE C. C. Stewart C. C. STEWART, M.D. (Degree or title) LTJG MCR USN ADDRESS Patuxent River, Maryland DATE SIGNED April 6, 1954

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 4-7-54
NAME OF CEMETERY OR CREMATORY Chenezer Cemetery
LOCATION (City, town, or county) (State) Grt. Mills, Md.
DATE REC'D BY LOCAL REGISTRAR 4/6/54
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR (Father) James H. Bonney Sr. ADDRESS USN Infirmary, NAS, Patuxent River, Md.

2044262220

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APR 8 1954
BUREAU V. S.

Items 21 Film G165B 5-4-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03941

3944 **CERTIFICATE OF DEATH** Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown X
LENGTH OF STAY (in this place) 12 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oraville X
STREET ADDRESS (If rural give location) R. 2 D. # Mechanicsville

3. NAME OF DECEASED: (Type or Print) (First) Hamilton (Middle) Ethelbert (Last) Buckler
4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: March 26 1879
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months 1 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer owne
10b. KIND OF BUSINESS OR INDUSTRY: farmer
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? n.a.

13. FATHER'S NAME: George W. H Buckler
14. MOTHER'S MAIDEN NAME: Victoria McGinley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs Eleanor Buckler Mechanicsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

904.0 Immediate cause (a) Cachexia, malnutrition. 1

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic CV disease - cerebral arteriosclerosis

DUE TO (c) Compound fracture - rt femur c̄ osteomyelitis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Oraville (COUNTY) St.M. (STATE) 1
TIME OF INJURY (Month) (Day) (Year) (Hour) 3-26-54 m.
INJURY OCCURED While at Work ☐ Not While At Work ☒ 1
HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Nov 31, 1951, to April 27, 1954, that I last saw the deceased alive on April 26, 1954, and that death occurred at 4.45 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) J Ray Luther, M.D. ADDRESS Mechanicsville DATE SIGNED 4/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-29-54
NAME OF CEMETERY OR CREMATORY Mount Hope
LOCATION (City, town, or county) (State) Oraville Maryland

DATE REC'D BY LOCAL REGISTRAR 4/28/54
REGISTRAR'S SIGNATURE Alan D. Hauser, M.D.
24. FUNERAL DIRECTOR Joe C. Mattingley Leonardtown
ADDRESS Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

3945 **CERTIFICATE OF DEATH** 03942

FOR MEDICAL EXAMINERS

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge; MARYLAND; LENGTH OF STAY – (In this place) X; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall; STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Edward (Last) Courtney

4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 1933

9. AGE last birthday: 20 yrs. If under 1 year: Months 9 Days 14 If under 24 hrs: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Worker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James S. Courtney

14. MOTHER'S MAIDEN NAME: Julia D. Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: James E Courtney Park Hall Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture cervical vertebrae — Interval between onset and death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. INJURY

PLACE (Home, farm, factory, street, office bldg., etc.) Highway

(CITY OR TOWN) near Leonardtown (COUNTY) St Marys (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) April 17, 1954 11 P m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Car crashed into tree.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

[signature] MD Grant Mills Md April 18 54

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF April 21-54

NAME OF CEMETERY OR CREMATORY Price Farm

LOCATION (City, town, or county) Hermanville

(State) Md.

DATE REC'D BY LOCAL REG. April 18/54

REGISTRAR'S SIGNATURE [signature] Md Local registrar

24. FUNERAL DIR. [signature]

ADDRESS [signature] Leonardtown Md

MARYLAND STATE DEPARTMENT OF HEALTH

3946 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03943

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leighton Park
LENGTH OF STAY (in this place) 11 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W Va. COUNTY Louis
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Roanoke
STREET ADDRESS (If rural, give location) R 3 C W

3. NAME OF DECEASED (Type or Print) (First) Iona (Middle) Josephine (Last) Davis
4. DATE OF DEATH (Month) April (Day) 3 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 24 1931
9. AGE last birthday 22 yrs. If under 1 year Months 9 Days 11 If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Federal Ordnance
10b. KIND OF BUSINESS OR INDUSTRY Co
11. BIRTHPLACE (State or foreign country) Roanoke W Va
12. CITIZEN OF WHAT COUNTRY? S.S.A
13. FATHER'S NAME Wilbert Hall
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, giv. war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS James Edward Davis B.O. Lo office 441 Patuxent Cove Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1 83 X

Immediate cause (a) Compound fracture of skull — 12 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Trauma

(c) Multiple contusion laceration of skull

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Strangulation

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Leighton Park (COUNTY) St. Mary's (STATE) Md
TIME OF INJURY (Month) 4 (Day) 3 (Year) 54 (Hour) 8:30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Struck by hammer

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide ___, homicide ✓, undetermined ___.*

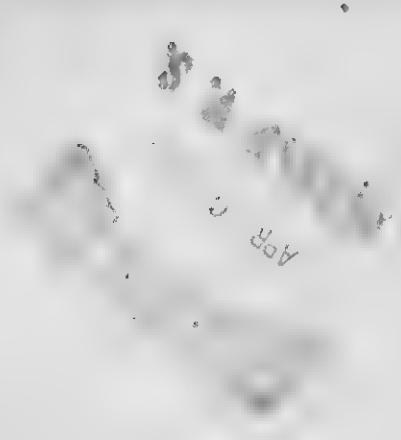
SIGNATURE (Degree or title) Alan D. Houser M.D. ADDRESS Leighton Park Md. DATE SIGNED 4 3 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-7-54
NAME OF CEMETERY OR CREMATORY Weston Mahonice
LOCATION (City, town, or county) Weston Louis West (State) Va
DATE REC'D BY LOCAL REG. 4/4/54
REGISTRAR'S SIGNATURE Alan D. Houser M.D.
24. FUNERAL DIRECTOR Jos C. Mattingly ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH

03944

3947 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY St. Mary's County, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills X
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS No Hospital X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills X
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Bernard (Last) Garner
4. DATE OF DEATH (Month) April (Day) 10th, (Year) 1954
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 10 June, 1950
9. AGE last birthday 3 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William N. Garner
14. MOTHER'S MAIDEN NAME Anna M. Bennett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - -
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS William N. Garner, father, Great Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Sub dural hemorrhage — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Trauma

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Home
(CITY OR TOWN) Great Mills, (COUNTY) St. Mary's, (STATE) Md
TIME OF INJURY Month 4 (Day) 10 (Year) 54 (Hour) 6:00 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hit by wheel of father's auto.

22. I certify that I took charge of the remains described above held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE [signature] (Degree or title) [illegible] M.D. ADDRESS Lexington Park, Md DATE SIGNED 4/11/54

[illegible] CREMATION (Specify) Burial
DATE THEREOF 13 April 1954
NAME OF CEMETERY OR CREMATORY Holy Face Cemetery
LOCATION (City, town, or county) Great Mills, Maryland (State)

DATE REC'D BY LOCAL REG. 4-11-54
REGISTRAR'S SIGNATURE Alan D. Hauser, M.D.
24. FUNERAL DIRECTOR P. B. Robinson, Leonardtown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 1954
BUREAU V. S

03945

MARYLAND

STATE DEPARTMETT OF HEALTH

3948

CERTIFICATE OF DEATH

Reg. Dist. No. 282

M

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH — COUNTY: St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakville X
LENGTH OF STAY (in this place): 24 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: — X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mechanicsville X
STREET ADDRESS (If rural, give location): R.F.D. #1

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) A. (Last) Jones

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 23-1872

9. AGE last birthday: 81 yrs. If under 1 year: Months 7 Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sent Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Jones

14. MOTHER'S MAIDEN NAME: Martha Joy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs John [illegible] Buckler 4422 Pidgeon Road Dallas Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Cachexia - Toxemia - Uremia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Colon — 8 mos

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov 53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Colon - Sigmoid

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1953, to April 20, 1954, that I last saw the deceased alive on April 3, 1954, and that death occurred at 9:50 P. m., from the causes and on the date stated above.

SIGNATURE: Roy Guyther, M.D. (Degree or title) ADDRESS: Mechanicsville DATE SIGNED: 4/22/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: April 23-54

NAME OF CEMETERY OR CREMATORY: Mt Grove

LOCATION (City, town, or county): Laurel Grove (State): Md

DATE REC'D BY LOCAL REG.: April 23, 1954

REGISTRAR'S SIGNATURE: Alan D. Houser, M.D.

24. FUNERAL DIRECTOR: Jos. [illegible] Hattingley

ADDRESS: Leonardtown Md

APR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03946

3949

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

COUNTY St. Marys MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown X

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital 10

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Wisconsin COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomer

STREET ADDRESS (If rural, give location) Rural ✓

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Henry (Last) Norton

4. DATE OF DEATH: (Month) 4 (Day) 28 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 6- 28- 1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister

10b. KIND OF BUSINESS OR INDUSTRY: Regilious

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward P. Norton

14. MOTHER'S MAIDEN NAME: Mae Vial

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) War 1898

16. SOCIAL SECURITY NO.: 388-26-6119

17. INFORMANT & ADDRESS: Helen M. McGreevy- Lexington Park, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.2

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Heart failure	6 mos
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Chronic myocarditis	1 year
	DUE TO		
	(c)	Chronic Nephritis	1 mo.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-15, 1954, to 4-28, 1954, that I last saw the deceased alive on 4-28, 1954 and that death occurred at 8:15 P.m., from the causes and on the date stated above.

SIGNATURE Wm H Patrick M.D. (DEGREE OR TITLE) ADDRESS Lexington Park Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Transportation

DATE THEREOF 4/29/54

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Bloomer, Wisconsin

DATE REC'D BY LOCAL REG. 4/29/54

REGISTRAR'S SIGNATURE Alan L Houser D.

24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03947

3950 CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown X
LENGTH OF STAY (in this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mechanicsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Larry (Last) Pilkerton
4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb 9-1954
9. AGE last birthday: — yrs. IF UNDER 1 YEAR Months 2 Days 14 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Baby
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Hover Jones
14. MOTHER'S MAIDEN NAME: Teresa Mae Pilkerton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Teresa Mae Pilkerton Mechanicsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

493 X

Immediate cause (a) Pneumonia DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congenital heart disease

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 9, 1954, to April 23 1954, that I last saw the deceased alive on April 23 1954, and that death occurred at 7.45 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) J. Roy Luther, M.D. ADDRESS Mechanicsville DATE SIGNED 4/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-24-54
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) Moyanza St Mary's (State) Md
DATE REC'D BY LOCAL REGISTRAR 4-28-54
REGISTRAR'S SIGNATURE Alan D. Houser
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

2024 x 22406

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 30 1954
BUREAU V. S.

03948

MARYLAND

3951

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall X
LENGTH OF STAY (in this place) 5 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Carrie (Middle) Bell (Last) Ringgold

4. DATE OF DEATH (Month) April (Day) 30 (Year) 1954

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH July 1880

9. AGE last birthday 73 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Charlottesville Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Isac Jones

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Raymond Hill Park Hall Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 year

Antecedent cause(s) (b) Arteriosclerosis — 5 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1954 to April 30, 1954, that I last saw the deceased alive on April 29, 1954, and that death occurred at 7.00 A.m., from the causes and on the date stated above.

SIGNATURE Wm. H. Patrick MD (Degree or title) ADDRESS Lexington Park Md. DATE SIGNED 5-3-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 5-3-54

NAME OF CEMETERY OR CREMATORY Zion Fair

LOCATION (City, town, or county) Hermanville (State) Md

DATE REC'D BY LOCAL REG. 5/3/54

REGISTRAR'S SIGNATURE Alan D. Hauser

24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Maryland

RECEIVED
MAY 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03949

3952 CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loveville
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakville X
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Ardelle (Middle) Elizabeth (Last) Scriber

4. DATE OF DEATH: (Month) 4 (Day) 5 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: July 2, 1901

9. AGE last birthday: 52 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Curtis

14. MOTHER'S MAIDEN NAME: Mamie Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: -----

17. INFORMANT & ADDRESS: 1426 Potomac Ave. S.E. Annett E. Fenwick - Washington, D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage. — Interval Between Onset And Death: 15 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive vascular disease — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to Apr., 1954, that I last saw the deceased alive on 29 May 1954 and that death occurred at 11:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph E. Bell, M.D. ADDRESS Leonardtown, Md DATE SIGNED 4/6/54.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 4/8/54
NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery
LOCATION (City, town, or county) (State) Morganza, Md.

DATE REC'D BY LOCAL REGISTRAR 4/8/54
REGISTRAR'S SIGNATURE Alan D. Hance, M.D.

24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md. ADDRESS

RECEIVED
APR 9 1954
BUREAU V. S.

03950

MARYLAND 3953

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Budds Creek | LENGTH OF STAY (In this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural, give location) R F D # 2

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Thomas (Last) Shade
4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: July 30 1879 | 9. AGE last birthday: 74 yrs. | If under 1 year: Months 9 Days 22 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer | 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland - St Marys | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Shade
14. MOTHER'S MAIDEN NAME: Unknown

15. (WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: Mary B. Bush Mechanicsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 1774 Cachexia -

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma prostate c metastasis 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from Nov 1952, to April 17, 1954, that I last saw the deceased alive on April 17 1954, and that death occurred at 2.00 P. m., from the causes and on the date stated above.
SIGNATURE Roy Snyder, MD (Degree or title) ADDRESS Mechanicsville DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 4-20-54 | NAME OF CEMETERY OR CREMATORY Christ Church | LOCATION (City, town, or county) (State) Chaptico, St. Mary's Co., Md.

DATE REC'D BY LOCAL REG. 4/20/54 | REGISTRAR'S SIGNATURE Allan D. Jansen | 24. FUNERAL DIRECTOR ADDRESS Jos C. Mattingly Leonardtown Md

RECEIVED
APR 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03951

3954 CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River X
LENGTH OF STAY (in this place) 10 Hrs. 15 M.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, U. S. Naval Air Station; Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park, Maryland X
STREET ADDRESS (If rural give location) 81 Chinlee Drive

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Beth (Last) Wiseman

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 1, 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 10 Min. 15

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: John Davis Wiseman

14. MOTHER'S MAIDEN NAME: Pitsenbarger, Mary Geneva

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Infirmary, USNAS, Patuxent River, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.0
Immediate cause (a) Abruptio Placentae — Interval Between Onset And Death: 10 Hrs.15M

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Meningococcus Meningitis in the mother five weeks ago.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No

21. ACCIDENT SUICIDE HOMICIDE (Specify) Natural

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1 19 54 to 4-2, 19 54, that I last saw the deceased alive on 4-2, 19 54, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. F. HERRMANN CDR MC USN Infirmary, USNAS, Patuxent River, Md. April 2, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

DATE THEREOF 4-2-54

NAME OF CEMETERY OR CREMATORY U.S.NAVAL HOSPITAL, BETHESDA MD. FOR AUTOPSY.

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR April 2, 54

REGISTRAR'S SIGNATURE P.J. Beaty, M.D. Local Registrar

24. FUNERAL DIRECTOR U. S. Navy, ADDRESS Patuxent River, Md.

2044302220

RECEIVED
APR 5 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 03952

3955 **CERTIFICATE OF DEATH**

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avenue X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Attaway (Last) Young

4. DATE OF DEATH (Month) April (Day) 18 (Year) 1954

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec. 24, 1900
9. AGE last birthday 53 yrs. If under 1 year Months 43 Days 23 If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Shaw
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Robert Logan Young Avenue, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

919.0

Immediate cause (a) Penetrating shotgun wood of abdomen — 1 hour.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Transfer amputation of Right 3rd & 4th Figures

19a. DATE OF OPERATION none 0
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Avenue (COUNTY) St. Mary's (STATE) Md
TIME OF INJURY (Month) 4 (Day) 18 (Year) 54 (Hour) 9 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hiding a shotgun & accidentally shot

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Leigh Park Md 4/19/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-21-54
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) Bush Wood (State) Md

DATE REC'D BY LOCAL REG. 4/20/54
REGISTRAR'S SIGNATURE Alan D. Hauser
24. FUNERAL DIRECTOR [signature] J. Mattingley Leonardtown Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 22 1954
BUREAU V. S.